



## **Excess Assistive Technology**Report Form

Thank you for Going Green with CAP. This form will allow you to report any excess assistive technology to CAP so that it may be reported to GSAXcess ® (<a href="http://gsaxcess.gov">http://gsaxcess.gov</a>). Please ensure that the property you report has already been excessed by your agency.

Once completed, please fax (703.681.9075) or email this completed form to (<u>CAPGreenTeam@tma.osd.mil</u>). **Any pictures** of the item(s) can be **attached as JPG documents** when the form is submitted, and these pictures will be included in the property report.

## **Property Custodian:**

| Name:                                    | Email Address: |                     |           |         |
|--|----------------|---------------------|-----------|---------|
| Phone Number:                            | _Ext:          | Fax Number:         |           |         |
| Reporting Agency:                        |                |                     |           |         |
| Address 1:                               |                |                     |           |         |
| Address 2:                               |                |                     |           |         |
| Address 3:                               |                |                     |           |         |
| City:                                    |                |                     |           |         |
| Location of Property:                    |                |                     |           |         |
| Address 1:                               |                |                     |           |         |
| Address 2:                               |                |                     |           |         |
| Address 3:                               |                |                     |           |         |
| City:                                    |                |                     |           |         |
| <b>Description of Property:</b>          |                |                     |           |         |
| Item Name:                               |                |                     | Quantity: |         |
| Manufacturer:                            | Mod            | lel Number:         |           |         |
| Condition (please check only one): New/U | nused U        | Jsable Repairable _ | Salvage   | _ Scrap |
|  |                |                     |           |         |